



National Alliance on Mental Illness

# **NAMI** Shasta County

## **NAMI Shasta County MEMBERSHIP APPLICATION**

**Individual/Family Membership \$35.00**

**Open Door, Low Income \$3.00**

**Donation: Designate Amount \$\_\_\_\_\_**

**Address \_\_\_\_\_**

**Phone \_\_\_\_\_**

**Email \_\_\_\_\_**

**Your annual dues include NAMI National and the quarterly news magazine, *The Advocate*; NAMI California and the quarterly newsletter, *The Connection*.**

***Please send checks to: Office***

***NAMI Shasta County***

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